

# Arizona Department of Child Safety

## CHILD AND CAREGIVER VISITATION

### FIELD GUIDE and CASE NOTE OUTLINE INSTRUCTIONS

#### *General Instructions*

Two documents are available to help Child Safety Specialists conduct and document high quality in-person contacts with children and their out-of-home or in-home caregivers.

1. The *Child and Caregiver Visitation Field Guide* is designed for use during contacts, to guide the discussion and record notes. This document provides topic headings and brief cues about what to discuss in each area. Whether or not the Child Safety Specialist uses the *Field Guide* to take notes during the visit, he or she should refer to it when entering child contact case notes. The *Field Guide* describes the type of information to record under each heading, and should trigger the Specialist's memory about the discussion and observations from the contact.
2. The *Child and Caregiver Visitation Case Note Outline* is a required template to be used once per month to document an in-person child contact, excluding contacts with young adults age 18 or older. This document provides only the topic headings, with no cues or instructions, to reduce the length of the note. The *Case Note Outline* can be copied and pasted into a CHILDS Case Note. The Child Safety Specialist can then document under each heading the specific information discussed during the contact.

The *Visitation Field Guide* and *Case Note Outline* provide topic areas that should be discussed at least once per month with the child/youth (if verbal, and to a developmentally appropriate degree) and the child's caregiver(s). Child Safety Specialists should use the following guidance when documenting child and caregiver contacts:

- The *Case Note Outline* provides a structure to organize the documentation of *actual* discussion and observations from the contact being documented. Do not include information about the child's status or case issues that were not discussed during the contact being recorded. For example, under the physical and dental health heading, *do not* state the child is up to date on immunizations if that was not actually learned or discussed during this particular contact. *Do* use the *Field Guide* and *Case Note Outline* as reminders to ask the youth and caregiver about the child's medical or dental health and care since the last contact, and record the information received.
- The *Visitation Field Guide* and *Case Note Outline* are not scripts or checklists that must be followed during the discussion. Use the template or field guide as a reminder of areas to discuss and document, but let your conversations with the child and caregiver flow naturally.
- Clearly identify what was observed during the contact, and who provided or received each piece of information. For example: "Joey said he sees his daddy every week and

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talks to him on the phone whenever he wants; he likes his daddy's new apartment, and wants to live with him soon. The foster mother said Joey is quiet and sad after visits for an hour or two. Foster mother lets Joey call his father, and that helps. I spoke with Joey and the foster mother, together, about the father's good progress and asked for their ideas about scheduling more visits."

- Each applicable topic area (behavioral health, education, permanency planning, etc.) should be discussed at least once per month, but the discussion does not have to occur during every contact during the month. Some of the topics or areas listed in the cues will not be applicable to the case during a given month. For example, court orders and hearings may not be applicable to in-home service cases. Also, if the Child Safety Specialist has had other contacts with the child or caregiver that month, some areas might have already been addressed. Therefore, the Child Safety Specialist is not required to fully address every topic in each contact and case note. The Child Safety Specialist should use the guide to ensure each topic that is applicable to the case is discussed during the month, in sufficient detail to meet the child's and caregiver's needs and support safety, permanency, and child well-being. If a topic area was not discussed at all during the contact because it is not relevant to the case or was discussed in sufficient detail during a prior contact that month, it is helpful to enter a brief statement such as "Not discussed – covered in meeting with foster parent last week."
- Address safety, permanency, and well-being for each child individually, gathering information from both the child(ren) and the caregiver(s). Document the discussion and observations about each child separately, either in separate paragraphs or separate case notes.
- Address the Reasonable and Prudent Parent Standard, which is defined as careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver or agency shall use when determining whether to allow a child to participate in extracurricular, enrichment, cultural, and social activities. The purpose of the standard is to ensure normalcy for children in out-of-home care.
- Do not simply copy and paste the case note from the previous month without changing all applicable information for the current contact being documented. For example, if the January note documents that the child had a doctor appointment the previous week, do not keep that same information in February's note unless it was discussed and true for that month as well. No two child contact notes should look the same or even very similar. Different information is shared and discussed during each child contact and the documentation of the contacts should contain sufficient information to show what was actually discussed at each contact.

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#### *Additional Resources about Quality Contacts and Documentation*

The best practice document, *Quality Supervision and Contacts with Children in Out-of-Home Care*, describes the purpose of monthly in-person contacts, provides guidance to determine the necessary frequency of contacts, and lists topics to discuss with children and caregivers during contacts.

#### *Entering Documentation in the Case Note Outline*

**Visit location and caregiver name:** Be specific about where the contact occurred, such as at the group home, foster home, parent's home, school, court, etc. Provide the name of the current caregiver or placement facility.

**Visit duration:** Estimate the amount of time that was spent with the child and caregiver.

**People present:** Provide the names and roles of all people present during the contact. If a person was only present for part of the contact, include that information.

**Location and duration of time spent alone with each child, and discussion and observations while alone with each child. If a child was not seen alone for a portion of the visit, reason and/or efforts to see the child alone:**

- Describe how *each verbal child was seen alone and separately* for at least part of the visit (in at least one visit per month), including the length and environment of the time alone. For example: "I met with Joey alone for about 20 minutes, in the kitchen."
- If alone time did not occur, document the justification and concerted efforts made. For example: "Joey clung to his grandmother's leg. I asked if he would show me his room. He shook his head. Since he was anxious about leaving his grandmother and there are no concerns about his safety, I did not meet with him alone this month."
- Describe information about child safety, physical and dental health, mental health, education, family relationships, social interests, permanency planning, the child and caregivers' relationships, or any other topic discussed or observed while alone with the child.
- Information documented in this section does not need to be repeated in the following sections.

#### **Child safety:**

- Describe conversations regarding each child's view of his or her current placement or living arrangement.
- Specifically ask the child if he/she feels safe in the home/neighborhood/school and discuss his/her relationship with the caregivers and others in the home.
- Note any safety hazards in the home or placement, or the lack of any safety hazards.

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#### **Safety plan oversight:**

- Describe discussions about incidents, concerns, and progress that occurred during the past month related to the safety plan.
- This area is applicable to all unlicensed caregivers, licensed caregivers who are responsible for supervising contact with a parent/guardian, and all in-home cases with a safety plan.

#### **Physical and dental health:**

- Describe conversations and observations regarding each child's current physical and dental health status.
- Include dates and results of appointments that occurred in the past month and any needs identified for follow-up.
- Describe conversations about whether or not vaccinations/immunizations are up to date.
- Describe discussions with the out-of-home caregiver about the requirements for EPSDT examinations and semi-annual dental examinations, and when these are next due.
- Note any changes in medical or dental providers, including name and phone number.
- Describe discussions with the child and out-of-home caregiver about if the child is taking any medications, if the child is taking the medication as often and as much as prescribed, if there are any concerns about the medication, when the child last saw a doctor related to the medication, and when the child is scheduled to see the prescribing doctor again.
- Describe discussions with out-of-home caregiver and child/young adult to ensure that youth are being provided with education and training on comprehensive sexual development, human sexuality, and family planning, emphasizing abstinence.

#### **Mental/behavioral health:**

- Describe observations and discussions regarding the child's behavior or mood during the past month, including concerns or changes in the past month, reaction to visitation or lack of contact, adjustment to placement, eating and sleeping patterns, and relationships with peers or adults.
- Describe conversations about how these concerns were addressed in the past month, and what services (by DCS or another involved agency, such as JPO, DDD, RBHA, etc.) were put in place to address the concerns (such as counseling, medication, etc.).
- Describe discussions with the child and out-of-home caregiver about if the child is taking any psychotropic medications, if the child is taking the medication as often and as much as prescribed, if there are any concerns about the medication, when the child last saw a doctor related to the medication, and when the child is scheduled to see the prescribing doctor again.
- Describe input given by the child or caregiver about the adequacy and effectiveness of the services.

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- To explore this area with the child, the Child Safety Specialist might ask if the child likes the counselor/other service provider, how often he/she visits the counselor/provider, what the child believes is the reason for being in counseling/other service, and if those issues are being discussed in counseling/other service. For older children, the Child Safety Specialist could ask the child if he or she participates in a CFT and what goals are discussed during the CFT.

#### **Education/school/child care and child development:**

- Describe conversation(s) regarding each child's overall development and education/school or child care information.
- Include information learned about attendance this month, new grades or educational assessments, IEP changes, current services and recent changes to services, barriers and efforts to obtain services this month, the child's feelings about school, and developmental achievements or concerns this month.
- Describe conversations about the child's achievement of developmental milestones within the past month, or concerns about the child's development.
- Describe how the child's needs were assessed in the past month and, if applicable, describe what services were provided or requested to meet those needs.
- For young adults, describe conversations about assessments and services to support the youth's transition to adulthood.

#### **Other needs of the child:**

- Document a discussion with the child and/or out-of-home care provider related to assessing any additional needs of the child. These may include social competencies, attachment and caregiver relationship, social relationships and connections, self-esteem, coping skills, transportation, clothing allowance, diapers and school money, referral to Friends of Foster Care to fund extra-curricular activities, or parenting skills training for teen parents.

#### **Family Relationships:**

- Describe information learned about current visitation and other contact with siblings, parents, relatives or significant others, including the child's and caregiver's satisfaction or concerns with the frequency, location, or supervision of the visits and other contacts.
- Document discussion about safety concerns during visits, if applicable.
- Describe conversations about anticipated changes to visitation schedules or level of supervision, and the child and caregiver's input into these decisions.
- Describe efforts to obtain information to identify maternal and paternal relatives and or significant others, and any information provided by the child or caregiver. Include the child's or caregiver's input about whether each person is viewed as a potential placement

Effective date: 12-19-16

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Revision Date: 6-27-2014, 1-8-2016

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option or other support or connection for the child, or the reasons a person is not seen as a placement option or other support.

#### **Social interests and extracurricular, enrichment, and cultural activities that allow the child to have typical experiences for the child's age:**

- Describe observations and conversations regarding the child's likes and dislikes, relationships with friends, hobbies, extra-curricular activities (sports, clubs etc.). This discussion should include exploration of the child's activities prior to entering out-of-home care, if the child recently came into care.

#### **Important relationships/connections to the child:**

- Describe conversations with the child, and out-of-home care provider if s/he has information, about the child's important relationships or connections. This could include prior foster parents, friends, extended family, etc. This discussion should include exploration of the child's important relationships prior to entering out-of-home care, if the child recently came into care.

#### **Permanency planning:**

- Describe conversations with the child or caregiver about progress toward achieving the permanency goal.
- Describe conversations and efforts made during this contact to actively involve each child in case planning (as developmentally appropriate, generally applicable to school age children). Obtain and describe the child's input into case plan decisions, including the child's thoughts and feelings about the permanency plan, the concurrent plan, services, progress towards goals, visitation, service team member's roles and responsibilities, what is required to return home, and other areas pertinent to the case.
- If applicable, describe conversations with the caregiver(s) about placement permanency and concurrent planning activities (such as information given to the caregiver about permanency options, subsidy, home studies or certification, etc.).

#### **Court orders, court hearings, and case meetings:**

- Identify any existing applicable court orders, and describe the conversation with the child or caregiver about court orders.
- Document notification to the caregiver and youth of any upcoming hearings, including the caregiver's right to be heard at the hearing.
- Describe efforts to include the child in any upcoming court hearings, or reasons why participation is not feasible (school, no telephone in court, etc.). If the youth or caregiver is unable to attend the upcoming hearing or meeting (court, FCRB, CFT, DCS staffing), document input gathered that the child or caregiver would like presented at the hearing or meeting.

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**Caregiver's needs:**

- Describe information gathered about how the caregivers feel the placement is going and their perception of placement fit.
- Describe information gathered about family stressors and supports, the impact on permanency or placement stability, and whether the caregiver(s) need anything to support their ability to care for the child(ren).
- Review the child's Placement Packet with the caregiver(s) and document this discussion.

**Additional Information/Follow Up Needed:**

- Document other observations or discussions that are not captured in the other categories.
- Document issues, needs or requests that require follow-up, including the plan of who will do what by when to address the need.